FICATION OF MULTICANDIDATE STATUS

(Sée reveree side for instructions) This form should be filed after the Committee qualifies as a multicandidate committee. PEDERAL ELEGI Соминастоя MAIL ROOM

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1. (a) NAME OF COMMITTEE IN FULL	SEP 3 11 56 Mi 1
Lingeold Club of Sacrameira Villey	
(b) Number and Street Address	
PO BOX 568	2. FEC IDENTIFICATION NUMBER CO030 4485
(c) City, State and ZIP Code	3. TYPE OF COMMITTEE (check one)
SACROMENTO CA 9581Z	STATE PARTY OTHER
I certify that one of the following situations is correct (complete line 4 or 5):	
4. STATUS BY AFFILIATION: The committee submitted its Statement of an analysis on a multicandid affiliation with:	Organization (FEC FORM 1) late committee through its
Committee Name:	
FEC Identification Number:	

STATUS BY QUALIFICATION:

(a) Candidates: The committee has made contributions to the five (5) federal candidates listed below (ONLY State party committees may leave this blank.):

	Name	Office Sought	State/District	Date
(1)	- What I polittle	Congress	CA-4 th	5/29/96
(11)_		Conpress	CA-3rd	9/30/96
(iii)	Pob Toke	President	11.5.	3/28/96
(iv)	Richard Pombo	Congress	CA 11th	3/28/16
(v)	Wally Herger	Congress	CA 2nd	126/96

(b) Contributors: The committee received a contribution from its 51st contributor on: 10/3/9.5.

(d) Qualification: The committee met the above requirements on:

<u> </u>						
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.						
TYPE OR PRINT NAME OF TREASURER	SIGNATURE OF TREASURER	DATE				
	Rim Ban					
NOTE: Submission of felse, erroneous, of incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.						

For turther information contact Federal Election Commission, Washington, DC 20483 Toll-free 800-424-9530 Local 202-219-3420

FEC FORM 1M

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to Indicate how it was received. DATE OF RECEIPT Hand Delivered POSTMARKED First Class Mail P-28-% POSTMARKED Registered/Certified Mail No Postmark Postmark !!legible DATE OF RECEIPT Received from the House Office of Records and Registration DATE OF RECEIPT Received from the Senate Office of Public Records POSTMARKED Other (Specify): and/or DATE OF RECEIPT DATE PREPARED